ARMY CHILD DEVELOPMENT SERVICES *(CDS)* REPORT

For use of this form, see AR 608-10; the proponent agency is DCSPER

REPORTING PERIOD	
_____ *(Month and Year)*	to _____ *(Month and Year)*

SECTION I - CHILD DEVELOPMENT SERVICES *(CDS)* SUMMARY - CHILD DEVELOPMENT CENTER *(CDC)* /FAMILY CHILD CARE *(FCC)* /SUPPLEMENTAL PROGRAMS & SERVICES *(SPS)*

PART I - INSTALLATION/MACOM IDENTIFYING DATA

A. INSTALLATION	B. MACOM	C. MACOM CODE	D. SUBORDINATE COMMAND CODE

E. CDS COMPLETE MAILING ADDRESS *(Include ZIP Code)*	F. TELEPHONE NUMBER *(Include AUTOVON and Commercial No.)*	G. PROPONENT FOR CDS *(e.g. ACS PSD)*

H. NAME/GRADE/TITLE OF CDS COORDINATOR	I. SIGNATURE OF CDS COORDINATOR

PART II - FISCAL DATA

TOTAL DOLLARS

A. CDS FUNDING SOURCE *(CDC, FCC and SPS Systems)* _____ $

  1. APPROPRIATED FUNDS _____ $

  2. NONAPPROPRIATED FUNDS _____ $

  3. NONAPPROPRIATED FUNDS *(User Fees)* _____ $

  4. USDA CHILD CARE FOOD PROGRAM/OCONUS FOOD SUBSIDY _____ $

  5. DONATIONS/GRANTS _____ $

B. CDS OPERATIONAL COSTS *(CDC, FCC and SPS Systems)* _____ $

  1. PERSONNEL SALARIES & BENEFITS _____ $

  2. FOOD SERVICE _____ $

  3. EQUIPMENT & SUPPLIES _____ $

  4. OTHER _____ $

C. FUNDS COMMITTED FOR RENOVATION EFFORTS _____ FY ☐☐

D. FUNDS PROGRAMMED FOR NEW CONSTRUCTION _____ FY ☐☐ $

DA FORM 5246-R, JUL 1989

USAPA V1.00

PART III

A. ADMINISTRATIVE STAFF *(Complete 1 - 5 on each administrative position identified in 1.)*

1. POSITION IDENTIFIED *(Check appropriate block) (Fill in items a., b., and c.)* ☐ CDC COORDINATOR ☐ SPS DIRECTOR ☐ CDC DIRECTOR(s) ☐ SA/LK PROGRAM SPECIALIST ☐ FCC DIRECTOR ☐ ASSISTANT PROGRAM DIRECTOR ☐ FCC OUTREACH WORKER ☐ EDUCATION SPECIALIST ☐ FOOD SERVICE MANAGER ☐ PROGRAM OPERATIONS SPECIALIST

a. NAME _____

b. FACILITY MAILING ADDRESS _____

c. AUTOVON/COMMERCIAL TELEPHONE NO. _____

2. TITLE/GRADE _____ YEAR OF EMPLOYMENT _____ GS ☐☐ UA ☐☐

3. SERIES

a. 1701 ☐   d. 1101 ☐

b. 1702 ☐   b. 189 ☐

c. 1710 ☐   c. OTHER ☐

4. PERCENT OF TIME SPENT ON EACH POSITION WHEN DOUBLE FUNCTIONED

a. PERCENT OF TIME ON FIRST POSITION AND TITLE _____ ☐

b. PERCENT OF TIME ON SECOND POSITION AND TITLE _____ ☐

c. SOLE RESPONSIBILITY _____ ☐

5. TRAINING *(Specify dates and nature of training)*   YES   NO

a. CFSC ENTRY LEVEL COURSE _____ ☐   ☐

b. CDS ANNUAL TRAINING WORKSHOP _____ ☐   ☐

c. ARMY AND DOD SPONSORED TRAINING _____ ☐   ☐

d. LOCAL PROFESSIONAL DEVELOPMENT TRAINING _____ ☐   ☐

e. NO TRAINING _____ ☐   ☐

f. CFSC CDC DIRECTOR COURSE _____ ☐   ☐

g. MACOM SPONSORED TRAINING _____ ☐   ☐

h. HQDA CDS SPONSORED TRAINING   ☐   ☐

B.   TOTAL NUMBERS

1. APF STAFF POSITIONS *(full time equivalent)* _____ ☐☐☐

2. NAF STAFF POSITIONS *(full time equivalent)* _____ ☐☐☐

PART IV - SERVICES

TOTAL NUMBERS

A. CDS CHILD DEVELOPMENT CENTER SYSTEM

   1. CDC'S _____

   2. CHILD CAPACITY _____

   3. CHILD CAPABILITY _____

   4. CHILD AGE GROUP ENROLLMENT _____

   5. PROGRAM TYPES/AVERAGE DAILY ATTENDANCE _____

     a. FULL-DAY PROGRAM _____

     b. PART-DAY PRESCHOOL AGE PROGRAM _____

     c. PART-DAY SCHOOL AGE PROGRAM _____

     d. HOURLY PROGRAM _____

     e. SPECIAL NEEDS PROGRAM SERVICES _____

B. CDS FAMILY CHILD CARE *(FCC)* HOMES

   1. CDS CERTIFIED FCC HOMES _____

   2. CHILD CAPACITY _____

   3. CHILD AGE GROUP ENROLLMENT _____

C. CDS SUPPLEMENTAL PROGRAMS AND SERVICES *(SPS)*

   1. PROGRAMS OFFERED *(Check all that apply)*

     a. SA/LK _____   b. SHORT TERM ALTERNATIVE CHILD CARE _____   c. VOLUNTEER CHILD CARE IN UNIT SETTINGS _____   d. PARENT CO-OPS _____   e. SPS HOMES _____

     f. CIVILIAN CHILD CARE _____   g. CONTRACT CHILD CARE _____   h. SICK CHILD CARE _____   i. PRIVATE ORGANIZATION _____   j. SPECIAL INTEREST PROGRAMS _____

     k. BABY SITTER TRAINING & REFERRAL _____   l. FOSTER GRANDPARENT _____   m. OTHER _____

   2. TOTAL ENROLLMENT _____

   3. SERVICES OFFERED *(Check all that apply)*

     a. PARENT EDUCATION _____   b. VOLUNTEER SERVICES _____   c. RESOURCE & REFERRAL _____   d. CENTRAL ENROLLMENT _____

PART V - UTILIZATION DATA

	TOTAL NUMBERS	PERCENTAGE OF TOTAL CDS ENROLLMENT
A. SPONSORS *(Include both parents where applicable)*		1 0 0
1. E1 - E4 PATRONS		
2. E5 - E9 PATRONS		

PART V - UTILIZATION DATA *(Cont'd)*

	TOTAL NUMBERS	PERCENTAGE OF TOTAL CDS SPONSORS
3. 01- 04 PATRONS		
4. 05 - 10 PATRONS		
5. CIVILIAN PATRONS		

	TOTAL NUMBERS	PERCENTAGE OF TOTAL CDS ENROLLMENT
B. CHILD AGE GROUP ENROLLMENT		1 0 0
1. INFANTS		
2. TODDLERS		
3. PRESCHOOL AGE		
4. SCHOOL-AGE		

C. FAMILY STRUCTURE

	TOTAL NUMBERS
1. CDS PATRONS WITH TWO OR MORE CHILDREN ENROLLED	
2. CDS PATRONS WHO ARE SOLE PARENTS	
3. SA/LK PATRONS WHO ARE SOLE PARENTS	
4. ACTIVE DUTY COUPLES WHO ARE CDS PATRONS	
5. ACTIVE DUTY COUPLES WHO ARE SA/LK PATRONS	

D. OFF-POST RESIDENT PATRONS	

PART VI - REMARKS

SECTION II - CHILD DEVELOPMENT SERVICES *(CDS)* **CHILD DEVELOPMENT CENTER SYSTEM**

PART I - FISCAL DATA

TOTAL DOLLARS

A. CENTER OPERATIONAL COSTS _____ $ [ ][ ][ ][ ][ ]

B. FEES

    1. RATE STRUCTURE BASIS *(Check all applicable boxes)*

        a. TOTAL FAMILY INCOME [ ]   b. AGE OF CHILD [ ]   c. N/A [ ]   d. SPONSOR RANK [ ]   e. MULTIPLE CHILD DISCOUNT [ ]   f. FLAT RATE [ ]

    2. MULTIPLE CHILD DISCOUNT RATE

PERCENTAGE

        a. SECOND CHILD _____ [ ][ ]

        b. THIRD CHILD _____ [ ][ ]

        c. EACH ADDITIONAL CHILD _____ [ ][ ]

TOTAL DOLLARS/CENTS

    3. MOST FREQUENTLY PAID HOURLY RATE PER CHILD _____ $ [ ][ ][ ]

    4. MOST FREQUENTLY PAID WEEKLY RATE PER CHILD _____ $ [ ][ ][ ][ ]

    5. MOST FREQUENTLY PAID MONTHLY RATE PER CHILD _____ $ [ ][ ][ ][ ][ ]

    6. PRESCHOOL MONTHLY RATE PER CHILD

        a. 5 DAY PROGRAM _____ $ [ ][ ][ ][ ][ ]

        b. 3 DAY PROGRAM _____ $ [ ][ ][ ][ ][ ]

        c. 2 DAY PROGRAM _____ $ [ ][ ][ ][ ][ ]

    7. PART DAY SCHOOL-AGE MONTHLY RATE PER CHILD

        a. BEFORE SCHOOL [ ][ ][ ][ ][ ]   b. AFTER SCHOOL [ ][ ][ ][ ][ ]   c. BEFORE AND AFTER SCHOOL [ ][ ][ ][ ][ ]

PART II - PERSONNEL

	TOTAL NUMBERS	PERCENTAGE OF STAFF
A. REGULARLY SCHEDULED FULL TIME AND PART TIME EMPLOYEES IN THE FULL DAY PROGRAM	[ ][ ][ ]	[ ][ ]
B. REGULARLY SCHEDULED FULL TIME AND PART TIME EMPLOYEES IN THE HOURLY PROGRAM	[ ][ ][ ]	[ ][ ]
C. INTERMITTANT-ON-CALL EMPLOYEES IN CDC	[ ][ ][ ]	[ ][ ]

PART III - SERVICES

A. OPERATIONS *(Check all applicable boxes)*

   1. PART-DAY PRESCHOOL SESSIONS

      a. 5 DAY AM   e. 2 DAY AM

      b. 5 DAY PM   f. 2 DAY PM

      c. 3 DAY AM   g. N/A

      d. 3 DAY PM

   2. SCHOOL-AGE PROGRAM SERVICES

      a. BEFORE SCHOOL   d. SUMMER

      b. AFTER SCHOOL   e. N/A

      c. VACATIONS

   3. CHILD CARE SERVICES PROVIDED

      a. NORMAL DUTY HOURS   d. SPECIAL FUNCTIONS

      b. EVENINGS   e. UNIQUE MISSION RELATED REQUIREMENTS

      c. WEEKENDS

   4. SPECIAL NEEDS PROGRAM SERVICES

      a. MAIN STREAM CDS PROGRAM   c. REFERRED/ON-POST

      b. SEPARATE CDS PROGRAM   d. REFERRED/OFF-POST   e. N/A

   5. OPERATIONAL HOURS   TOTAL HOURS PER WEEK

      a. FULL-DAY PROGRAM _____

      b. HOURLY PROGRAM _____

      c. PART-DAY PRESCHOOL PROGRAM _____

      d. PART-DAY SCHOOL-AGE PROGRAM _____

      e. SPECIAL NEEDS SERVICES _____

                                                     TOTAL NUMBERS *(Children)*   PERCENTAGE OF CENTER
                                                                         CHILD CAPACITY

PROGRAM TYPE CAPACITY _____ | 1 | 0 | 0 |

   1. FULL-DAY PROGRAM _____

PART III - SERVICES *(Cont'd)*

	TOTAL NUMBERS *(Children)*	PERCENTAGE OF CENTER CHILD CAPACITY
2. HOURLY PROGRAM		
3. PART-DAY PRESCHOOL PROGRAM		
4. PART-DAY SCHOOL-AGE PROGRAM		
5. SPECIAL NEEDS SERVICES		

6. UNMET DEMANDS IN EXCESS OF 20% OF EXISTING PROGRAM CAPACITY *(Check all applicable boxes)*

a. FULL-DAY PROGRAM ☐   d. SPECIAL NEEDS SERVICES ☐

b. PART-DAY PRESCHOOL PROGRAM   e. HOURLY PROGRAM

c. PART-DAY SCHOOL-AGE PROGRAM   f. N/A

PART IV - UTILIZATION DATA

A. SPONSORS *(Child Development Center) (Include both parents where applicable)*

	TOTAL NUMBERS BY PROGRAM	PERCENTAGE OF PROGRAM SPONSORS
1. FULL-DAY PROGRAM		1 0 0
a. E1-E4 PATRONS		
b. E5-E9 PATRONS		
c. 01-04 PATRONS		
d. 05-10 PATRONS		
e. CIVILIAN PATRONS		
2. PART-DAY PRESCHOOL PROGRAM		1 0 0
a. E1-E4 PATRONS		
b. E5-E9 PATRONS		
c. 01-04 PATRONS		
d. 05-10 PATRONS		
e. CIVILIAN PATRONS		
3. PART-DAY SCHOOL-AGE PROGRAM		1 0 0
a. E1-E4 PATRONS		
b. E5-E9 PATRONS		

PART IV - UTILIZATION DATA

	TOTAL NUMBERS BY PROGRAM	PERCENTAGE OF PROGRAM SPONSORS
c. 01-04 PATRONS		
d. 05-10 PATRONS		
e. CIVILIAN PATRONS		
4. HOURLY PROGRAM		1 0 0
a. E1-E4 PATRONS		
b. E5-E9 PATRONS		
c. 01-04 PATRONS		
d. 05-10 PATRONS		
e. CIVILIAN PATRONS		
5. SPECIAL NEEDS SERVICE		1 0 0
a. E1-E4 PATRONS		
b. E5-E9 PATRONS		
c. 01-04 PATRONS		
d. 05-10 PATRONS		
e. CIVILIAN PATRONS		

	TOTAL NUMBERS	PERCENTAGE OF PROGRAM SPONSORS
B. CHILD AGE GROUP ENROLLMENT		1 0 0
1. INFANTS		
2. TODDLER		
3. PRESCHOOL AGE		
4. SCHOOL-AGE		

5. UNMET DEMANDS IN EXCESS OF 20% OF EXISTING AGE GROUP CAPACITY *(Check all applicable boxes)*

a. INFANTS ☐   c. PRESCHOOL AGE ☐

b. TODDLERS ☐   d. SCHOOL-AGE ☐

PART IV - UTILIZATION DATA *(Cont'd)*

TOTAL NUMBERS

C. OFF-POST RESIDENCE CDS PATRONS _____ | | | | | | | 1 | 0 | 0 |

   1. FULL-DAY PROGRAM _____

   2. PART-DAY PRESCHOOL PROGRAM _____

   3. PART-DAY SCHOOL AGE PROGRAM _____

   4. HOURLY PROGRAM _____

   5. SPECIAL PROGRAM SERVICES _____

PART V

REMARKS *(Include innovative program services or projects, training initiatives, comments on facility upgrades/new construction, and areas of concern).*

SECTION III - CHILD DEVELOPMENT SERVICES *(CDS)* **FAMILY CHILD CARE** *(FCC)* **SYSTEM**

PART I - FISCAL DATA

TOTAL NUMBERS

A. FCC OPERATIONAL COSTS _____ $ | | | | | |

B. FEE RANGE

TOTAL DOLLARS/CENTS

   1. LOWEST WEEKLY FEE PER CHILD _____ $ | | | | |

   2. HIGHEST WEEKLY FEE PER CHILD _____ $ | | | | |

   3. MOST FREQUENTLY PAID WEEKLY FEE PER CHILD _____ $ | | | | |

SECTION III - CHILD DEVELOPMENT SERVICES *(CDS)* **/FAMILY CHILD CARE** *(FCC)* **SYSTEM**

PART II - PERSONNEL

POSITION*(s)*

A. FCC PROGRAM DIRECTOR _____

B. FCC OUTREACH WORKER _____

	TOTAL NUMBERS	PERCENTAGE OF PROGRAM SPONSORS

A. MULTI-AGE FCC HOMES _____

B. SPECIAL PURPOSE HOMES *(i.e. extended care, age-specific, special needs homes)*

	TOTAL FOR YEAR	OPERATING, 30 SEP
C. HOME CERTIFIED		
1. HOMES PROVISIONALLY CERTIFIED	_____	_____
2. HOMES FULLY CERTIFIED	_____	_____
D. HOMES REGISTERED	_____	_____
E. HOMES MONITORED PER		
1. DIRECTOR	_____	_____
2. OUTREACH WORKER	_____	_____

PART IV - UTILIZATION DATA

	TOTAL NUMBERS	PERCENT OF PROGRAM SPONSORS
A. SPONSORS *(FCC Homes) (Include both parents where applicable)*		1 0 0
1. E1-E4 PATRONS		
2. E5-E9 PATRONS		
3. O1-O4 PATRONS		
4. O5-10 PATRONS		
5. CIVILIAN PATRONS		

	TOTAL NUMBERS	PERCENTAGE OF FCC SYSTEM ENROLLMENT
B. CHILD AGE GROUP ENROLLMENT		1 0 0
1. INFANTS		
2. TODDLERS		
3. PRESCHOOL AGE		

SECTION III - CHILD DEVELOPMENT SERVICES *(CDS)* /FAMILY CHILD CARE *(FCC)* SYSTEM

PART IV - UTILIZATION DATA *(Cont'd)*

	TOTAL NUMBERS	PERCENTAGE OF FCC SYSTEM ENROLLMENT
B. CHILD AGE GROUP ENROLLMENT *(Cont'd)*		
4. SCHOOL-AGE		

5. UNMET DEMANDS IN EXCESS OF 20% OF EXISTING AGE GROUP CAPACITY *(Check all applicable boxes)*

a. INFANTS ☐   c. PRESCHOOL AGE ☐

b. TODDLERS ☐   d. SCHOOL-AGE ☐

PART V

REMARKS *(Include service to FCC providers, linkages between center and FCC homes, and comments on certification process).*

SECTION IV - CHILD DEVELOPMENT SERVICES *(CDS)* SUPPLEMENTAL PROGRAM SERVICES *(SPS)* SYSTEM

PART I - SERVICES AND UTILIZATION DATA

	TOTAL NUMBERS
A. COMMON SERVICES	
1. PARENT EDUCATION SERVICES	
a. TOTAL NUMBER OF PARENT PROGRAMS OFFERED	
b. TOTAL NUMBER OF PARENT PARTICIPANTS	

PART I - SERVICES AND UTILIZATION DATA

2. VOLUNTEER SERVICES

TOTAL NUMBERS

  a. TOTAL NUMBER OF VOLUNTEERS TRAINED _____

  b. TOTAL NUMBER OF VOLUNTEERS PLACED.

    (1) CDC _____

    (2) FCC _____

    (3) SPS _____

  c. TOTAL NUMBER OF VOLUNTEER HOURS

    (1) CDC _____

    (2) FCC _____

    (3) SPS _____

3. RESOURCE AND REFERRAL SERVICES

  a. TOTAL CHILDREN REFERRED: INFANTS _____   TODDLERS _____   PRESCHOOL _____   SCHOOL-AGE _____

    (1) ON POST

       (a) CDC _____

       (b) FCC _____

       (c) SPS _____

    (2) OFF POST _____

    (3) ARMY-WIDE REFERRALS

       (a) INCOMING _____

       (b) OUTGOING _____

PERCENTAGE OF SPONSORS

  b. SPONSORS *(Include both parents when applicable)* | 1 | 0 | 0 |

    (1) E1-E4 PATRONS _____

    (2) E5-E9 PATRONS _____

    (3) 01-04 PATRONS _____

    (4) 05-10 PATRONS _____

    (5) CIVILIAN PATRONS _____

4. CENTRAL ENROLLMENT SERVICES

  a. TOTAL NUMBER OF REGISTERED CDC _____

  b. TOTAL NUMBER OF REGISTERED FCC _____

PART I - SERVICES AND UTILIZATION DATA *(Cont'd)*

	TOTAL NUMBERS	PERCENTAGE OF SPONSORS

4. CENTRAL ENROLLMENT SERVICES *(Cont'd)*

   c. TOTAL NUMBER REGISTERED SPS

   d. SPONSORS *(Include both parents when applicable)*

     (1) E1-E4 PATRONS

     (2) E5-E9 PATRONS

     (3) 01-04 PATRONS

     (4) 05-10 PATRONS

     (5) CIVILIAN PATRONS

B. OPTIONAL PROGRAMS AND SERVICES

  1. PROGRAMS

    a. SHORT TERM ALTERNATIVE CHILD CARE *(STACC)* PROGRAM

     (1) TOTAL STACC SESSIONS

     (2) NUMBER OF ORGANIZATIONS SERVED

     (3) TOTAL CHILD USERS: INFANTS _____ TODDLERS _____ PRESCHOOL _____ SCHOOL-AGE _____

     (4) SPONSORS *(Include both parents when applicable)*

       (a) E1-E4 PATRONS

       (b) E5-E9 PATRONS

       (c) 01-04 PATRONS

       (d) 05-10 PATRONS

       (e) CIVILIAN PATRONS

    b. VOLUNTEER CHILD CARE IN UNIT SETTINGS *(VCCUS)* PROGRAM

     (1) TOTAL VCCUS SESSIONS

     (2) NUMBER OF ORGANIZATIONS/UNITS SERVED

     (3) TOTAL CHILD USERS: INFANTS _____ TODDLERS _____ PRESCHOOL _____ SCHOOL-AGE _____

     (4) SPONSORS *(Include both parents when applicable)*

       (a) E1-E4 PATRONS

       (b) E5-E9 PATRONS

       (c) 01-04 PATRONS

       (d) 05-10 PATRONS

       (e) CIVILIAN PATRONS

B. OPTIONAL PROGRAMS AND SERVICES *(Cont'd)*

TOTAL NUMBERS   PERCENTAGE OF SPONSORS

  1. PROGRAMS *(Cont'd)*

    c. PARENT CO-OP PROGRAMS

      (1) TOTAL NUMBER OF CO-OPS

      (2) TYPE *(Check all applicable)*

        ☐ CENTER   ☐ PLAY GROUP   ☐ HOMEBASED

      (3) TOTAL CHILD USERS: INFANTS _____ TODDLERS _____ PRESCHOOL _____ SCHOOL-AGE _____

      (4) SPONSORS *(Include both parents when applicable)*

         (a) E1-E4 PATRONS

         (b) E5-E9 PATRONS

         (c) 01-04 PATRONS

         (d) 05-10 PATRONS

         (e) CIVILIAN PATRONS

         (f) OTHER CIVILIAN PATRONS

    d. SPECIAL INTEREST PROGRAMS *(Complete this section for each program in this category)*

      (1) TOTAL NUMBER OF PROGRAMS

      (2) SPONSORING ORGANIZATION AND PROGRAM TYPE

         SPONSORING ORGANIZATION   PROGRAM TYPE

      (3) TOTAL CHILD USERS: INFANTS _____ TODDLERS _____ PRESCHOOL _____ SCHOOL-AGE _____

      (4) SPONSORS *(Include both parents when applicable)*

         (a) E1-E4 PATRONS

         (b) E5-E9 PATRONS

         (c) 01-04 PATRONS

         (d) 05-10 PATRONS

         (e) CIVILIAN PATRONS

    e. SUPPLEMENTAL PROGRAMS AND SERVICES *(SPS)* HOMES

      (1) TOTAL NUMBER SPS HOMES

      (2) TOTAL CHILD USERS

      (3) SPONSORS *(Including both parents when applicable)*

         (a) E1-E4 PATRONS

e. SUPPLEMENTAL PROGRAMS AND SERVICES *(SPS)* HOMES *(Cont'd)*

   (3) SPONSORS *(Cont'd)*

	TOTAL NUMBERS	PERCENTAGE OF SPONSORS
(b) E5-E9 PATRONS		
(c) 01-04 PATRONS		
(d) 05-10 PATRONS		
(e) CIVILIAN PATRONS		

f. CONTRACT OPERATIONS *(Complete sections II and/or III of this form for center-based or quarters-based program and specify civilian, contracted or private organization operation).*

g. PRIVATE ORGANIZATIONS *(Complete sections II and/or III of this form for center-based or quarters-based program and specify civilian, contracted or private organization operation).*

h. OTHER *(Complete this section for each program in this category)*

   (1) PROGRAM *(specify type i.e. center-based MTF sick child care)* _____

   (2) TOTAL CHILD USERS: INFANTS _____   TODDLER _____   PRESCHOOL _____   SCHOOL-AGE _____

   (3) SPONSORS *(Include both parents when applicable)*

	TOTAL NUMBERS	PERCENTAGE OF SPONSORS
(a) E1-E4 PATRONS		
(b) E5-E9 PATRONS		
(c) 01-04 PATRONS		
(d) 05-10 PATRONS		
(e) CIVILIAN PATRONS		

2. SERVICES

a. BABYSITTER TRAINING AND REFERRAL SERVICES

	TOTAL NUMBER
(1) TOTAL NUMBER TRAINED	
(2) TOTAL NUMBER ON REFERRAL LIST	
(3) TOTAL NUMBER OF REFERRALS MADE	

   (4) SPONSORS *(Include both parents when applicable)*

	TOTAL NUMBERS	PERCENTAGE OF SPONSORS
(a) E1-E4 PATRONS		
(b) E5-E9 PATRONS		

PART I - SERVICES AND UTILIZATION DATA *(Cont'd)*

		TOTAL NUMBERS	PERCENTAGE OF SPONSORS
2.	SERVICES *(Cont'd)*		
	(c) 01-04 PATRONS _____		
	(d) 05-10 PATRONS _____		
	(e) CIVILIAN PATRONS _____		
b.	FOSTER GRANDPARENT PROGRAM		
	(1) TOTAL FOSTER GRANDPARENTS _____		
	(2) TOTAL HOURS OF SERVICES _____		

PART II

REMARKS *(Include innovative program services or projects and areas of concern)*

SECTION V - SCHOOL-AGE/LATCH KEY *(SA/LK)* **PROGRAM**

PART I - IDENTIFYING DATA

A. NAME OF SA/LK PROPONENT		B. PHONE NUMBER *(Autovon)*
YOUTH SERVICES *(YS)*	CHILD DEVELOPMENT SERVICES *(CDS)*	
COMPLETE MAILING ADDRESS OF YS	COMPLETE MAILING ADDRESS OF CDS	C. PHONE NUMBER *(Commercial)* ( )

PART II - FINANCIAL DATA

A. TOTAL APF OPERATIONAL COSTS

   (1) LABOR _____

   (2) SUPPLIES _____

   (3) TRAINING _____

   (4) REIMBURSEMENT

      (NAF) _____

   OTHER _____

B. NONAPPROPRIATED FUNDS *(NAF)*

   (1) TOTAL INCOME _____

     (e.g., Patrons Fees, NAF Reimbursement, Donations) (Itemize)

   (2) EXPENSES

     (a) LABOR _____

     (b) SUPPLIES _____

     (c) TRAINING_____

(3) NET INCOME *(Loss)*

_____

PART III - PERSONNEL DATA

POSITION TITLE	*HIRED	JOB CODE	GS/UA SERIES	PART TIME
SA/LK SPECIALIST				
SA/LK SPECIALIST				
SA/LK PROGRAM ASST.				
SA/LK PROGRAM ASST.				
VOLUNTEERS				

PART IV - SA/LK PROGRAMS

BEFORE AND AFTER SCHOOL	FEES	# ENROLLED	WHERE HELD	UNMET NEEDS
DAY CAMP				
YOUNG TEEN				
CHECK-IN				

PART IV - SA/LK PROGRAMS

SPONSOR	B&A SCHOOL TOTAL	DAY CAMP TOTAL	YOUNG TEEN TOTAL	CHECK IN TOTAL
E1-E4 PATRONS				
E5-E9 PATRONS				
01-04 PATRONS				
05-10 PATRONS				
CIVILIAN PATRONS				
CHILD/YOUTH AGE ENROLLMENT				
5-8				
9-12				
13-15				
16-18 *(If sponsor has more than one child/youth enrolled, count the sponsor once for each child/youth).*				

PART V - TRAINING

POSITION TITLE	SA/LK	CHILD ABUSE	OTHER TRAINING
SA/LK SPECIALIST			
SA/LK SPECIALIST			
SA/LK PROG. ASST.			
SA/LK PROG. ASST.			

COMMENTS *(Please use back of page if necessary)*